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Effects of Job Stress, Religious Coping, and Social Support on Clergy Mental Health:
Longitudinal Evidence from a National Sample of Presbyterian Clergy

by

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Thesis

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Effects of Job Stress, Religious Coping, and Social Support on Clergy Mental Health:
Longitudinal Evidence from a National Sample of Presbyterian Clergy

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Dedication

For my husband, Lucas,

and

in loving memory of my grandparents,

Ruby Chance Randle and John Lamar Randle, Jr.

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I would like to thank Dr. Alexandra Loukas for her guidance, patience, and unwavering support while writing my thesis. Writing a thesis is certainly a process through which learning occurs, and I am most grateful to Dr. Loukas for teaching me so much while writing this thesis.

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Abstract

Effects of Job Stress, Religious Coping, and Social Support on Clergy Mental Health:
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The purpose of this thesis was to examine the unique and interactive effects of job stress (overtaxation, organizational, and management stress), religious coping (positive and negative), and church-based social support (received, provided, and anticipated) on the subsequent psychological outcomes (well-being and distress) among a national sample of Presbyterian clergy. The data were drawn from the February 1997 and November 1999 Presbyterian Church (U.S.A) Panel Study. Clergy currently serving a local congregation were included in the analyses ($N = 521$).

Findings indicate that overtaxation, organizational, and management job stressors tend to increase subsequent levels of psychological distress, while organizational and management job stressors tend to decrease subsequent levels of psychological well-being. Consistent with prior research and with Lazarus and

Folkman's Transactional Model of Stress and Coping, positive religious coping predicted subsequent psychological well-being. Finally, the findings from this study supported the stress-buffering effects of social support received from church members, indicating that this type of support may protect clergy from the damaging psychological effects of overtaxation and burnout over an extended period of time. This thesis concludes with a call for seminaries, denominations, and local churches to provide clergy serving in local church ministry with the social support they need. Doing so will enhance the psychological well-being of clergy, thus improving their personal capacity to effectively provide support to their church members and others in the community who seek their counsel.

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Chapter One: Introduction

During the past several decades, researchers have examined the effects of job-related stress on the physical and psychological health among individuals working in a variety of helping professions such as nurses, teachers, and psychologists (Pines & Kafry, 1978; Glass & McKnight, 1996; McNeely, 2005; Hakanen, Bakker, & Schaufeli, 2006; Guglielmi & Tatrow, 1998; Ackerley, 1988; Rupert & Morgan, 2005). Although clergy also work within the helping profession, to date, surprisingly little research has examined the job stress of this population of individuals (for exceptions see Blanton & Morris, 1999; Darling, Hill, & McWey, 2004; Morris & Blanton, 1994). According to Blanton and Morris' cross-sectional research, work-related stressors are more powerful predictors of clergy's physical symptoms and emotional well-being than are economic and demographic variables. The purpose of this longitudinal study was to examine the effects of various forms of job stress on the subsequent psychological outcomes of a nationally representative sample of Presbyterian (PCUSA) clergy.

The clergy profession demands a vast amount of time, expertise, physical energy, and emotional stability. The variety of tasks that clergy must perform can lead to several different types of stress, including overtaxation, organizational stress, and management stress. Clergy are often recognized as the first line of defense in the community with regards to the provision of support and care in times of personal crisis (Bissonette, 1977). With this responsibility comes the burden of being “on

call” and available to members of the church and local community. Unless care is taken to set boundaries on their personal time, clergy can quickly become vulnerable to symptoms of overtaxation and burnout. Additionally, opportunity for organizational stress is abundant within the clergy profession. Clergy must work within boundaries set by the leadership of their denomination. Clergy must then work with the leadership within their congregation to meet the goals and needs of their membership. This requires a multitude of meetings and time commitments of the clergy. As with any organization, disagreements and personal conflict can and do occur within congregations. Moreover, research shows that a mismatch between clergy and their congregations (e.g., liberal clergy working in a conservative congregation) may lead to disagreements and conflict, further adding to the stressors of their occupation (Mueller & McDuff, 2004).

In addition to meetings, preparing for worship services, presiding over baptisms, weddings, and funerals, and caring for those in need within the congregation, clergy must also manage the daily operations of their church. For many clergy, this includes management of the church staff members, the church budget, and overseeing the maintenance of the church buildings and property. Managing such a variety of tasks and individuals, in addition to the other responsibilities of the job, can become a source of stress for clergy, particularly those who are lacking in the managerial and leadership skills necessary for the job. In their recent book on clergy who leave the profession, Hoge and Wenger (2005) identified feelings of burnout or

frustration, conflict in the congregation, and conflict with denominational leaders among the top seven most common reasons that the pastors in their study left local church ministry.

Lazarus' transactional model of stress and coping (1966) elucidates the complex interaction between person, environment, and stress. Specifically, Lazarus explains that psychological stress is likely to occur once an individual perceives that the coping resources available to them are not adequate enough to deal with the demands of their environment. In addition, an individual's initial appraisal of a stressful situation is affected by their perception of the resources available to them (Lazarus & Folkman, 1984); thus, as with any individual coping with a stressor, there is likely to be variability in how clergy appraise and cope with their job stress (e.g., Folkman & Lazarus, 1991). Depending upon the coping resources available to them, individual clergy members may appraise the same job stressor in a different way at various times (Roskies, 1991). Specifically, utilization of appropriate coping strategies and the availability or perception of availability of social support may buffer the impact of job stress on clergy psychological well-being and distress (Cohen & Wills, 1985; Brown, Westbrook, & Challagalla, 2005; Fabricatore, Handal, Rubio, & Gilner, 2004). Given the lack of research on clergy job stress, we are not certain how coping and social support might protect clergy from elevated job stress. This study extends the existing research by examining the role of religious coping (positive and negative) and social support (received, provided, anticipated) as buffers of the

relationship between job stressors (overtaxation, organizational, management) and subsequent psychological well-being and distress 34 months later.

Many studies have examined the role of coping in the management of various life stressors (Carver & Scheier, 1994; Mattlin, Wethington, & Kessler, 1990; Koeske, Kirk, & Koeske, 1993). Although religious coping strategies have not been examined to the same extent as general coping strategies, there is a growing interest in religious coping, and Folkman and Moskowitz (2004) emphasize that religious coping is a promising area for future research. Pargament (1997) has pioneered the field of religious coping, creating a framework for understanding the various types of religious coping and the possible pathways through which they may impact how individuals cope with stressors. Specifically, Pargament, Smith, Koenig, and Perez (1998) examined religious coping methods and found two distinct types of religious coping: positive and negative religious coping. Positive religious coping methods include: seeking spiritual support, religious forgiveness, collaborative religious coping, spiritual connection, religious purification, benevolent religious reappraisal, and religious focus. Negative religious coping methods included: spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisal, and reappraisal of God's powers (Pargament et al., 1998).

Previous studies have found evidence of longitudinal effects of religious coping on physical and mental health among a variety of individuals dealing with various stressors (Tix & Frazier, 1998; Pargament, Koenig, Tarakeshwar, & Hahn,

2004; Pargament, et al., 1994; Koenig et al., 1992). Pargament and colleagues (1998) found that positive religious coping methods were associated with fewer symptoms of psychological distress while negative religious coping methods were indicative of psychological distress, particularly increased depression levels, poorer quality of life, and report of psychological symptoms. One study has found that deferring religious coping (e.g. ceding responsibility for problem-solving to God) had an exacerbating moderation effect on the relationship between stressors and mental health outcomes (Fabricatore et al., 2004).

With respect to clergy, a cross-sectional study by Pargament, Tarakeshwar, Ellison, and Wulff (2001) examining religious coping among Presbyterian clergy, elders, and rank-and-file members found that clergy utilized positive religious coping strategies more than the elders and rank-and-file members. In addition, the study found the effects of positive and negative religious coping to be more salient to the psychological outcomes of clergy than rank-and-file members. To our knowledge, the current study is the first longitudinal research examining the stress-buffering effects of religious coping on the relationship between clergy job stress and subsequent psychological well-being and distress.

Social support can also provide physical and psychological benefits to individuals dealing with life stressors (Cobb, 1976; Cohen & Wills, 1985; Christenfeld et al., 1997). While clergy are often a source of social support for many individuals, they often lack the supportive social relationships they need to deal with

their own life stressors (Morris & Blanton, 1994). Researches have speculated that clergy may have lower levels of social support than their church members because they do not want to appear to need the support of others (Darling et al., 2004). An interesting study by Virginia (1998) that compared burnout and depression among secular (those working in local churches), religious order, and monastic Roman Catholic priests found that depression and burnout were significantly greater among the secular priests. With respect to social support among these three types of priests, the monastic priests who lived and worked together reported the highest levels of social support, whereas the secular priests reported greater levels of social isolation. Given that the monastic priests have the opportunity to share their experiences with one another and their superiors due to living in close community, it is not surprising that they reported higher levels of social support. Prior studies have found evidence of the stress-buffering effects of social support (Krause, 2006; Hughes et al., 2004). For example, Krause recently found that church-based social support significantly moderates the relationship between financial strain and self-rated health in older adults. Specifically, Krause's results indicate that at low levels of church-based social support, financial strain more negatively impacts self-rated health among older adults; however, high levels of church-based social support served as a protective factor (buffer) against the deleterious effects of financial on self-rated health (2006). A goal of the current study was to examine whether social support serves as a coping resource for clergy facing various job stressors.

In summary, this study examines the unique and interactive effects of job stress, religious coping (positive and negative) and social support (received, provided, anticipated) on the subsequent psychological well-being and distress of Presbyterian clergy approximately 34 months later. Based on the transactional model of stress and coping (Lazarus, 1966) and the stress-buffering hypothesis (Cohen & Wills, 1985), we hypothesized that 1) the unique effects of job stress, religious coping, and social support would predict the subsequent psychological well-being and distress of Presbyterian clergy approximately 34 months later, after controlling for baseline levels of psychological well-being and distress and individual demographics, and 2) that religious coping and social support would buffer (moderate) the negative effects of job stress on clergy psychological well-being and distress 34 months later. That is, we hypothesized that social support and coping would interact with each job stress measure such that high levels of social support and coping would protect clergy from the deleterious psychological outcomes associated with job stress, and that low levels of social support and coping would exacerbate the effects of job stress on clergy psychological outcomes.

Chapter Two: Review of Literature

The relationship between stress and health has received attention in many academic disciplines as well as the general population. Perhaps the growing interest in this area of research is a result of the implications of the high-demand, high-stress environment that our population experiences on a daily basis. Individuals are constantly faced with situations that require psychological resources to appraise the situation and determine the most effective response. The focus of this paper is to examine factors that may possibly influence individual variability in response to the job stressors facing clergy. Specifically, the present research extends what is known by utilizing longitudinal models to examine the role of religious coping and church-based social support as moderators of the relationship between job stress and psychological well-being among a national sample of Presbyterian (PCUSA) clergy (see Figure 1 for conceptual model).

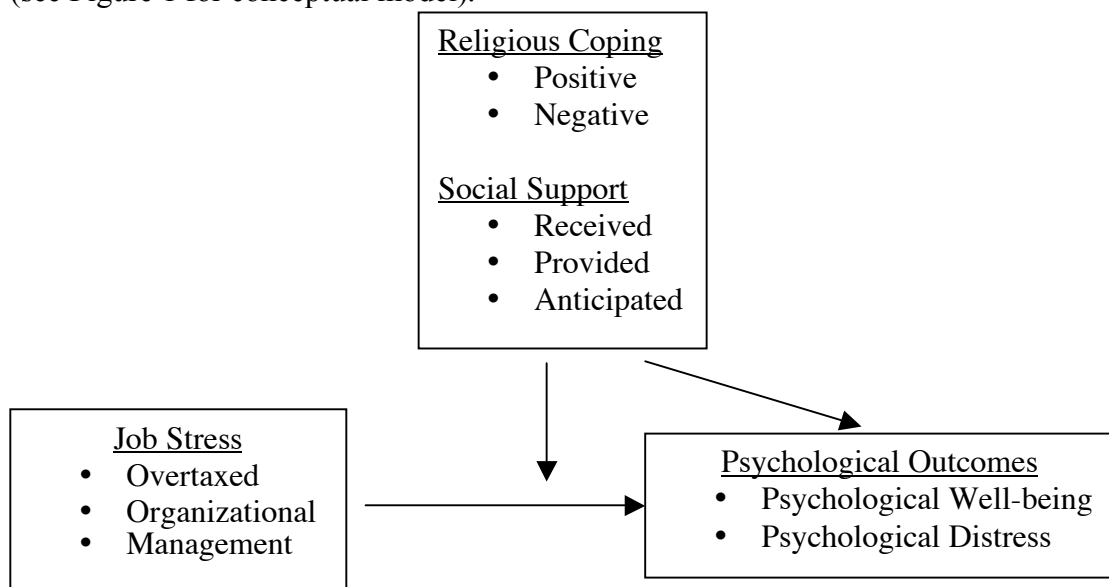


Figure 1. Conceptual Model Guiding Study

A study by Blanton and Morris (1999) compared the effects of work related stressors to economic / demographic variables on the physical symptoms and emotional well-being of clergy and their spouses. Findings indicated that work related stressors were more powerful predictors of physical symptoms and emotional well-being than economic / demographic variables among the multi-denominational sample of 136 clergy and spouses (Blanton & Morris, 1999). Other researchers have examined various aspects of clergy job stress. For example, Mueller and McDuff (2004) examined the effects of clergy-congregation mismatches on clergy job satisfaction. Lee and Iverson-Gilbert (2003) studied the demands placed on clergy, the social resources available to them, and their satisfaction with the support received. When assessing negative interaction among rank-and-file members, elders, and clergy within the Presbyterian (USA) church, Krause, Ellison, and Wulff (1998) found that clergy experience the greatest amount of negative interaction within the church. From these studies, we can conclude that job stress is relatively common among clergy. Balancing one's professional and personal life is difficult when living a public life, as clergy do. Particular job-related stressors typically expressed by clergy who leave local church ministry include: experiencing symptoms of burnout, receiving an inadequate salary, interpersonal stressors, organizational stressors, feeling overtaxed, alienated, and lonely (Hoge & Wenger, 2005). Although previous research has examined the impact of job stress on the physical and mental health of clergy and their families (Darling et al., 2004; Morris & Blanton, 1994; Blanton & Morris, 1999;

Lee & Iverson-Gilbert, 2003), to our knowledge no research has specifically utilized longitudinal models to examine the role of religious coping or social support as moderators of the relationship between job stress and psychological well-being among clergy.

General Stress: Implications for clergy

There is a general consensus in the current stress literature that how an individual responds to or copes with a stressor is both multi-dimensional and fluid, meaning that an individual utilizes multiple coping strategies which may change based on the stressor, the individuals' current coping resources, or both (Lazarus, 1990). Early work in stress research, however, took a different view of the process of stress in one's life. Early studies in the stress research field aimed to define the outcomes of stress in terms of physiological reactions, of basic input-output analysis (Lazarus, 1990). For example, Walter Cannon's (1932) description of the "fight-or-flight" stress response focused primarily on physiological reactions to stressful stimuli (Glanz, Rimer, & Lewis, 2002). Hans Selye introduced the idea that humans and rats had both physiological and behavioral responses to stressors. Using his three-stage General Adaptation Syndrome (GAS) to describe this hypothesis, Selye explained that when faced with a stressor the three likely responses are an alarm reaction, resistance, and exhaustion (Selye, 1956). Following Selye's work in the 1950s, stress researchers Holmes and Rahe (1967) worked to identify and quantify stressful life events using their Social Readjustment Rating Scale (SRRS). Previous

research measuring major stressful life events found that individuals with high levels of severe chronic stress faced greater risk of developing a common cold (Cohen et al., 1998). This finding suggests that the more stress one experiences, the more susceptible they are to experiencing illness.

Transactional Model of Stress and Coping

An individual's perception of stressful life events became the focus of stress research in the 1960s and 1970s. Rather than focus on the mechanistic, objective view of stress, modern stress researchers recognized that an individual's stress response is largely and uniquely dependent upon their subjective perception of the stressor. Lazarus and Folkman (Lazarus, 1966; Lazarus & Folkman, 1984; Lazarus & Folkman, 1987) provided the initial framework for understanding the relationship between person, environment, and stress. Specifically, psychological stress is viewed as a relationship between a person and their environment, whereby the demands of their environment are greater than the individual's resources to cope with those demands (Lazarus, 1990). This transaction between the person and their environment is subject to the individual's perception and indicates that stress is neither in the environment nor in the person (Lazarus, 1990). When initially faced with a stressor, an individual first makes a primary appraisal of this transaction between themselves and their environment to determine whether the situation is a threat or a challenge to them. If an individual appraises a stressor as threatening or harmful, they likely recognize that this transaction between themselves and their environment is one that

they do not have adequate resources with which to effectively deal. On the other hand, when a stressor is initially appraised as a challenge, the individual likely views the situation with a positive, optimistic attitude, recognizing that their coping resources will be able to meet the challenge presented by the particular stressor (Lazarus, 1990). The degree of threat assessed in the primary appraisal impacts the secondary appraisal. Specifically, an individual's appraisal of the coping actions necessary to deal with the stressor depends on the degree of threat they initially perceive (Lazarus, 1966).

Problem-Focused and Emotion-Focused Coping

How one copes with stressors has been the focus of a significant amount of research. Lazarus (1966) defines coping as “strategies for dealing with threat”. Studies examining coping responses have elucidated two distinct types of coping: emotion-focused coping and problem-focused coping. Emotion-focused coping strategies are useful in the regulation of emotional distress (Folkman & Lazarus, 1986) and can help individuals cope with the initial emotional upset of a stressor. Folkman and Lazarus (1991) identified the following six coping strategies as emotion-focused coping: distancing, escape-avoidance, accepting responsibility or blame, exercising self-control over the expression of feelings, seeking social support, and positive reappraisal. When used in the short-term, emotion-focused coping can help an individual cognitively deal with a stressor; however, in order to actually change the source of stress that is between the person and environment, problem-

focused coping strategies must be utilized (Folkman & Lazarus, 1991). Problem-focused coping strategies include planful problem-solving and taking specific actions to modify the stressful situation. The distinction between the two styles of coping is further clarified by Taylor's (1991) explanation that when facing an uncontrollable stressor, emotion-focused coping strategies are particularly beneficial, whereas the problem-solving efforts of problem-focused coping strategies aid in the management of controllable stressors. It is important that individuals utilize the appropriate coping strategies at the appropriate time.

Occupational Stress Literature

Previous studies have examined the relationship between stress and a variety of physical and mental health outcomes (McEwen & Stellar, 1993; Turner, Wheaton, & Lloyd, 1995). The effects of job-related stress on the health of an individual are of particular interest. Past occupational stress studies have focused on the unique aspects of specific helping professions, including psychologists (Ackerley, Burnell, Holder, & Kurdek, 1988), teachers (Brenner, Sorbom, & Wallius, 1985; Guglielmi & Tatrow, 1998), social workers (Pines & Kafry, 1978), nurses (McNeely, 2005), and physicians (Williams et al., 2002). These individuals spend a great deal of time working in close relationship with others, oftentimes helping them work through the stressors of life, be it physical or mental illness, family / relationship problems, financial difficulties, etc., and such work can take a toll on the stress and health of the help provider (Roberts, Flannelly, Weaver, & Figley, 2003; Sabin-Farrell & Turpin, 2003).

Maslach, Schaufeli, and Leiter (2001, p. 397) define burnout as “a prolonged response to chronic emotional and interpersonal stressors on the job defined by the three dimensions of exhaustion, cynicism, and inefficacy”. Early work in burnout research focused on individuals working in the helping professions, particularly human services and health care, where the worker is providing help to those in need (Maslach et al., 2001). It seems that burnout occurs when the person-environment fit is poor for those working in these professions (Jenkins & Maslach, 1994). Such a mismatch between the individual's personality and other characteristics and their profession and / or work environment can take a toll on their job performance, stress, and ultimately, their physical and mental health. With the rapid pace at which the field of religion and health is growing, the lack of research on the impact of occupational stress among clergy is quite surprising.

Clergy Job Stress

Clergy work in a unique and very demanding helping profession. Clergy are distinctive from other individuals as they usually enter the profession because they feel “called” by God to work in such a capacity (Hoge & Wenger, 2005). The term "calling" means that God is calling an individual to do a certain task requiring him or her to work selflessly, often in service to others, not simply for the individual's own benefit, but for the purpose of fulfilling a special command from God (Christopherson, 1994). This "calling" can create an unending need to please God, their church, family members, and themselves, thus creating a unique job stressor that

most others don't experience. Perhaps the "calling" that clergy answer instills a strong sense of role-identity that is attached to their social role as a clergy (Christopherson, 1994).

Research on identity-relevant stressors indicates that an individual's role-identity combined with their capability of fulfilling their role in an acceptable manner, are key to the maintenance of their psychological well-being (Thoits, 1991). Simon (1997) explains that the meanings that individuals attach to their various role identities are associated with mental health outcomes. For example, 30% of Simon's study sample reported that their work identity means "helping others, making a contribution, being a productive member of society, and belonging to a larger group or cause." Experiencing such feelings helps individuals gain a sense of purpose and meaning to their life (Simon, 1997). Most individuals have multiple social roles, such as parent, spouse, employee, church member, friend, etc., and these various roles are usually ranked in order of importance. The time one invests in a particular social role is likely an indication of the salience of that role in their life (Thoits, 1991). Since the majority of clergy are answering a call from God to serve in such capacity, it is highly likely that the clergy role-identity is central to their life. Thoits (1991) explains that the more an individual identifies with a particular social role, the more meaning and purpose the individual will gain from fulfilling that role; therefore, that particular role-identity will have a greater influence on their psychological well-being. For example, Thoits (1991) posits that stressors related to one's most important role-

identity will likely cause more psychological damage as compared to stressors related to a role that is less salient to one's life. Thus, clergy who experience stressors related to their clergy role-identity, such as job-related stressors, will likely find this highly distressing as compared to stressors in other roles, with which they identify less. It is important to call attention to the different roles that are incorporated into the clergy leadership position. In addition to preparing for church services, clergy must oversee the administrative functions of the church, and tend to the needs of their membership. Clergy job responsibilities require early morning and late evening hours throughout the week and on the weekend. They are generally expected to be “on call” at all times for the emergency needs of their membership, including illnesses, personal crises, and deaths (Grosch & Olsen, 2000). These responsibilities limit the clergy’s time for themselves and their family.

Oftentimes, clergy find themselves in a position / role for which they have not received adequate training. One such role is that of counselor. A review of several American and Canadian studies examining clergy’s preparation for counseling found that 50 to 80% of the clergy were of the opinion that their formal training in pastoral counseling was deficient, leaving them ill-equipped to cope with the variety of mental health problems and counseling issues that they face in their job (Weaver, 1995). Clergy provide support to church members and others in the community on a regular basis. Weaver (1995) reports that 10 separate studies of Jewish, Catholic, and Protestant clergy found that 10 to 20% of clergy's time at work is spent providing

pastoral counseling to others. The various roles that a church pastor may play when working with the mental health concerns of their church membership include that of family counselor, diagnostician, therapist, and referral agent (Levin, 1986).

Neighbors, Musick, and Williams (1998) examined the role African American ministers play when African Americans seek help for emotional problems. Neighbors' research showed that of the 612 adult participants in the study, 21% sought help first from their minister (Neighbors et al., 1998). Another study found church members were "seven times more likely to seek the assistance of clergy for their marriage and family problems than the assistance of a non-religious mental health specialist" (Privette, Quackenbos, & Bundrick, 1994 as cited in Darling et al., 2004). These findings suggest that religious individuals may be more satisfied with the help received from their minister than the help provided by professional non-clergy sources. In addition to perhaps providing a more satisfying helping relationship than mental health professionals, African American clergy are more accessible and embedded within African American neighborhoods and culture than mental health professionals will ever be (Neighbors et al., 1998). Taylor, Ellison, Chatters, Levin, and Lincoln (2000) suggest that there is a particular advantage to utilizing clergy for counseling needs among individuals who do not have the financial resources to obtain access to traditional mental health workers.

Given the aforementioned findings, it appears that the clergy's role as counselor occupies a significant portion of their time. But at what cost to the clergy's

psychological health? Is this role an added source of job stress? Are there ways in which we can better equip clergy for this role? Psychologists and clergy are beginning to recognize that collaboration between both professions would likely provide a mutually beneficial working relationship benefiting those seeking their guidance (McMinn, Meek, Canning, & Pozzi, 2001). The community of mental health professionals can serve as a useful resource for clergy and there is evidence that some psychologists are beginning to train to specifically collaborate with religious organizations (McMinn et al., 2001). Furthermore, mental health professionals can work with clergy who may also be in need of counseling. Hoge and Wenger examined reasons why clergy leave local ministry (2005) and specifically asked clergy to give recommendations to their denominations on how to improve the clergy profession. One pastor (Hoge & Wenger, 2005, p. 203) elucidated his position that seminaries do not teach clergy the importance of taking care of themselves:

Everybody who goes into ministry needs to have three people in their lives before they start: they need a therapist that they can go to in confidence with the issues related to personal life, growth type things. They need a mentor, somebody to go to and say, "I don't get this, what am I supposed to do? It's my first funeral." And you need a pastor, somebody that you can go to as your spiritual advisor. Clergy don't have that and they're not taught how to have that.

Due to the need for confidentiality, it is often difficult for clergy to find an outside person with whom to share their own concerns. From the literature we find that clergy and their spouses often report feelings of isolation and loneliness (Blanton & Morris, 1999; Virginia, 1998). Although clergy are the leaders of churches, which

function as fertile ground for the social networks and social support for church members, they themselves appear to face their stresses alone. Researchers have speculated that clergy have lower levels of social support than their church members because they do not want to appear to need the support of others (Darling et al., 2004). Perhaps because they see themselves as a resource of support for their members, clergy feel embarrassed to be the one in need of support. Another factor that may have significant impact on the social support system of clergy is the high rate of mobility among those in the profession (Morris & Blanton, 1994). For example, clergy and their families are frequently relocated to a new church in a different area, thereby causing disruption to and / or loss of the social support networks they had previously established. In her study examining the relationship between relocation and well-being among United Methodist clergy and their spouses, Frame (1998) cites several issues related to relocation, including: severance of support networks, disruption of family routines, and hassles associated with establishing oneself in a new community. Anderson and Stark (1988) found that those who move frequently often suffer from "mobility syndrome" which has various stresses such as loss of support networks, loss of valued persons and things (e.g. friendship groups and the family home), greater role burdens, disruption of personal growth and development, and marital and family dysfunction. Some of the symptoms associated with "mobility syndrome" include: depression, deteriorating health, little community involvement, marital discord, and a significant rate of alcoholism

(Anderson & Stark, 1988). Furthermore, Morris and Blanton (1994) point out that clergy and their families' sense of confidence in settling down is undermined by the frequent relocations that they experience.

Religion in the General Stress and Coping Literature

Religion has generally been recognized as a possible coping mechanism in the general stress and coping literature and some of the most popular coping measures include religious coping. For example, the COPE (Carver, Scheier, & Weintraub, 1989), a multidimensional inventory, contains a scale named "turning to religion" that is composed of the following four items: "I seek God's help"; "I put my trust in God"; "I try to find comfort in my religion"; "I pray more than usual." Carver (1997) published the Brief COPE, a brief form of the COPE inventory, that includes a "religion" scale with the following two items: "I've been trying to find comfort in my religion or spiritual beliefs" and "I've been praying or meditating". Although these coping inventories recognize religion as a possible coping mechanism, relatively little research has examined the role of religious coping in the lives of adults (for exceptions, see Pargament et al., 2001; Krause, Ellison, Shaw, Marcum, & Boardman, 2001; Kolchakian & Sears, 1999). The current research fills this void by examining whether religious coping methods (positive and negative) buffer the harmful effects of job stress on the perceived psychological well-being of Protestant clergy.

Religious Coping

Religious individuals utilize a variety of religious coping methods, which provide a unique resource they can tap into when facing various stressors. Guidance, support, and hope are all facets of religion that Pargament (1997) hypothesizes may assist with the understanding of and coping with stressful life events. Pargament et al. (1998) reviewed studies examining religious coping methods and found that religious coping contributes unique variance to the prediction of health and well-being over and above the effects of nonreligious coping. It is important to note here that individuals who may not necessarily consider themselves to be religious can also utilize religious coping methods.

Pargament et al. (2001) outline 16 different religious coping methods (e.g. collaborative religious coping, pleading, spiritual discontent, spiritual connection), dispelling the stereotypical explanations that religious coping methods are “defensive, passive, emotion-focused, or forms of denial”. Rather, as Pargament et al. (2001, p. 498) explain, religious coping methods “cover a full range of behaviors, emotions, cognitions, and relationships”. The specific type of religious coping method one chooses varies depending on the individuals’ religious orientation (Ellison, 1991).

Ellison (1991) discusses the differences between intrinsic and extrinsic religious orientations and the ways in which the coping styles of these two religious orientations vary. For example, an individual who has an intrinsic religious orientation is more likely to utilize problem-focused religious coping methods in

which they partner with a divine other to work through stressful situations. On the other hand, individuals with an extrinsic religious orientation tend to "cede control" of their stressful circumstances in life to a divine other. Rather than partnering with a divine other to actively solve their problems, as do those with intrinsic religious orientations, individuals with an extrinsic religious orientation tend to hand over their stresses to a divine other with the expectation or hope that their circumstances will improve despite their lack of active problem-solving. Of particular interest to the current research are the findings from previous studies indicating that the intrinsic religious orientation is associated with less depressive symptoms while the extrinsic religious orientation is associated with increased depressive symptoms (Ellison, 1991; Maltby & Day, 2003). This paper examines positive (i.e. 'I worked together with God as partners to get through this problem') and negative (i.e. 'I expressed anger at God for letting this happen') religious coping methods, which directly relate to intrinsic and extrinsic religious dispositions, respectively.

Religious coping is an emerging area of research and much work is needed before we can be more certain of the effects of specific religious coping strategies on well-being. However, several studies have laid the groundwork for research in this area (Pargament et al., 1998; Pargament et al., 2001; Maltby & Day, 2003). Religious coping strategies currently thought to be helpful when employed in times of stress include: spiritual support, congregational support, collaborative religious coping, and benevolent religious reframing (Pargament, 1997).

Previous research indicates that religious coping methods are known to have significant implications for well-being (Pargament et al., 2001). When discussing the relationship between religious coping methods and well-being, it is necessary to briefly point out a comparison of the effects of religious versus nonreligious coping methods on well-being. Two previous studies have found that, when compared to nonreligious coping methods, religious coping methods allow for a more accurate prediction of the results of having faced a stressful event (Pargament et al., 1998; Pargament et al., 2001). The aforementioned studies indicate that researchers can more accurately predict one's well-being following a stressful event in which religious coping methods were employed than when non-religious coping methods were used. A limitation of these studies is that their cross-sectional design only allows for examination of the effects of religious coping at a single point in time and does not allow researchers to determine whether religious coping predicts future well-being. In an effort to help researchers and practitioners assess and examine religious coping, Pargament, Koenig, and Perez (2000) developed and validated the RCOPE, a measure capable of assessing the full range of religious coping methods, which includes meaning, spirituality, comfort, intimacy, self-development, and personal transformation. Fourteen items that assessed either positive or negative religious coping were selected from the RCOPE for the creation of the Brief RCOPE.

Positive and Negative Religious Coping

The idea of two distinct religious coping methods was examined in depth by Pargament et al. (1998) in their study of the positive and negative religious coping patterns of three distinct samples. Positive religious coping methods included: seeking spiritual support, religious forgiveness, collaborative religious coping, spiritual connection, religious purification, benevolent religious reappraisal and religious focus. Negative religious coping methods included: spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisal, and reappraisal of God's powers (Pargament et al., 1998). The study found that positive and negative religious coping patterns are generalizable to three distinct samples of individuals facing substantially different life stressors. The first sample included individuals coping with an acute stressor, the Oklahoma City bombing. The other two samples included college students (average age = 19 years) coping with major life stressors and elderly hospitalized patients (average age = 68.4 years) coping with serious medical illnesses (Pargament et al., 1998). Using these three different samples, the authors tested a 14-item measure, the Brief RCOPE. Each of the groups utilized positive religious coping methods more frequently than negative religious coping methods (Pargament et al., 1998). However, different psychological health outcomes were associated with positive and negative religious coping methods. For example, positive religious coping methods were associated with fewer symptoms of psychological distress while negative religious coping methods were

indicative of psychological distress, particularly increased depression levels, poorer quality of life, and report of psychological symptoms (Pargament et al., 1998).

Although stressors and situations are unique from person to person, and are perceived differently through each individual's unique lens of the world, there are distinct patterns of religious coping. According to Pargament et al. (1998), these particular coping patterns tend to be repeated throughout one's life when facing various stressors. Since religious individuals generally utilize religious coping methods to deal with a variety of life stressors throughout their life, examination of the long-term effects of both positive and negative religious coping methods on psychological and physical well-being is warranted. The aim of the present study is to begin to fill the gap in the literature on the long-term effects of religious coping on perceived psychological well-being and distress and to determine whether positive and negative religious coping buffer (i.e. moderate) the relationship between clergy job stress and psychological well-being and distress.

Social Networks and Social Support

In addition to religious coping methods, social networks and social support are significant predictors of physical health (House, Landis, & Umberson, 1988; Uchino, Cacioppo, & Kiecolt-Glaser, 1996; Seeman, 1996) and mental health outcomes (Cobb, 1976; House et al., 1988). Individuals who have a network of others in their lives with whom they socialize regularly are considered embedded within a social network (Andersson, 1998). The idea of "social networks" was first introduced by

Barnes (1954) following his 1952-53 study of a fishing community on a Norwegian island. Metaphorically, Barnes described how the social connections of individuals are similar in structure to the pattern of a fishing net (Andersson, 1998). When discussing Barnes' paper, Mitchell (1974, p. 280) explains, "...the idea of the social network emphasizes that the social links of individuals in any given society ramify through that society". As researchers examine social networks and social support, it is with the assumption that what is most important about networks is the support functions they provide (Berkman, Glass, Brissette, & Seeman, 2000).

The particular aspects of social networks that are often examined include the structural characteristics such as the size, density, boundedness, and homogeneity of the network (Berkman et al., 2000). In addition to network structure, researchers also study the connections between the members of the network. For example, the frequency of contact, multiplexity, duration, and reciprocity (Berkman et al., 2000). Mitchell (1974) explains the concept of social connections as the extent to which people who all know one person also happen to know one another. When we study the nature of the connections between individuals of a social network we can begin to assess the effect that connections have on the physical and psychological health outcomes of the individuals involved.

A social network is comprised of family members, friends, neighbors, work colleagues, church members, or others who share similar backgrounds, beliefs, or lifestyle behaviors. Generally speaking, social networks are known as egocentric

networks, meaning that the networks are built around a single individual who serves as the anchor point of the network (Mitchell, 1974). It is through social networks that individuals receive and provide social support, such as the exchange of tangible support, conversation, and advice. The social support benefits of a social network are necessary components for humans to experience a healthy, properly functioning life (Musick, Traphagan, Koenig, & Larson, 2000). House (1981) outlined the four major types of social support behaviors: emotional, instrumental, informational, and appraisal support. The four major types of social support behaviors are expressed via three social support pathways: social support given to others, social support one anticipates / perceives receiving from others, and social support received from others. Previous studies examining main effects and stress-buffering effects of social support on well-being have found that social support exerts a salubrious effect on physical and psychological well-being (Cohen & Wills, 1985; Seeman, Lusignolo, Albert, & Berkman, 2001; Zunzunegui, Alvarado, Del Ser, & Otero, 2003). Individuals who are imbedded within a social network are more likely to enjoy the physical and psychological health benefits of social support than socially isolated individuals.

Social Isolation

Although a thorough discussion of the negative effects of social isolation is beyond the scope of this thesis, it is important to note that socially isolated individuals are physically and mentally less healthy and are more likely to die than individuals who are imbedded in a social network (Cacioppo & Hawkley, 2003;

House et al., 1988). Social isolation negatively impacts the physical, psychological, and social well-being of individuals and increases the possibility of death from a broad spectrum of health problems (Hawkley & Cacioppo, 2003; House et al., 1988). Prior studies have found social isolation to be as strong a risk factor of morbidity and mortality as are smoking, high blood pressure, obesity, and sedentary lifestyles (Cacioppo, et al., 2000; Hawkley & Cacioppo, 2003; House et al., 1988). In their study of social isolation as a predictor of mortality among a sample of patients with significant coronary artery disease, Brummett et al. (2001) found that the patients who had the smallest social networks and were considered socially isolated experienced very low levels of social activity and, in turn, low levels of instrumental support. Furthermore, these individuals experienced less psychological support, and were more likely to report the lack of a confidant. Although the isolated patients attended worship services as often as non-isolated patients, their participation in the social activities of the church was less than that of the non-isolated patients (Brummett et al., 2001).

Church-Based Social Networks and Social Support

Religious communities are a vital source of social network and social support for many individuals. Research has found that religious individuals have larger, more extensive social networks than their non-religious counterparts (Ellison & George, 1994). Ellison and George (1994) used data from the Piedmont Health Survey ($N = 2,956$), one of five sites of the National Institute of Mental Health Epidemiologic

Catchment Area Program, to study the religious involvement, social ties, and social support within a community in North Carolina. Results from these household interviews indicate that the average person who attends church "several times a week" has 2.25 more nonkin ties than the person who "never" attends (Ellison & George, 1994). Therefore, the more often individuals attend church, the more opportunities they have to benefit from face-to-face contact with their church friends and others with similar interests and values. Membership in a religious community also provides regular social interaction with like-minded individuals on a regular basis. Previous research has found that individuals are more likely to develop friendships with others who share common interests, activities, and values (Verbrugge, 1977).

Churches provide a particularly rich environment for the development of meaningful friendships since church members tend to live in close proximity to one another and have similar characteristics such as socioeconomic status, race, education level, lifestyle, and values (Ellison & George, 1994). In general, individuals maintain their membership within a particular faith community for many years. Those who remain active in the same congregation for many years enjoy the benefits of established friendships throughout one's life. The bond between the individuals within the social networks of faith communities is usually quite strong as many of these individuals usually have a lengthy history of providing different types of social support for one another. For example, church members share major life events and

provide support to one another in times filled with joy, such as christenings and weddings, and also in times of sorrow, such as illness and funerals (Ellison, 1991).

Of particular interest is the idea of support convoys from Kahn and Antonucci (1980) that Ellison and George (1994) illustrate. The idea of support convoys is that when individuals provide various forms of support to others they are consciously “building social credits” which they anticipate will be honored when needed in the future. The lengthy social relationships among members of a faith community undoubtedly create innumerable support convoys for these individuals to draw upon in times of need. As a result of their profession, clergy are typically in weekly attendance at church services. Although they are considered "on-the-job" during this time, they are still in close contact with individuals whom they share close interpersonal relationships. Thus, Krause et al. (1998) found that compared to rank-and-file members, clergy received more emotional support and the effects of the received emotional support on well-being were greater for the clergy. Alternatively, despite reporting more emotional support than other church members, clergy often report feelings of isolation and loneliness (Blanton & Morris, 1999; Lee & Iverson-Gilbert, 2003).

Social Support Provided to Others

An interesting line of research that has emerged from the social support literature is the study of how volunteering and providing support to others affects one's health. Brown, Nesse, Vinokur, and Smith (2003) assert that some of the

benefits that researchers have long attributed to the receipt of social support may instead be due to the benefits of giving support. Providing instrumental support to others is a critical element of interpersonal relationships and recent research has shown providing support to others to be correlated with reduced mortality (Brown et al., 2003). Findings from previous studies on volunteers have found that improvements in physical and mental health outcomes are beneficial side effects of volunteering (Omoto & Snyder, 1995; Wilson & Musick, 1999 as cited in Brown et al., 2003). The social support provided to members of a religious community by the church leaders and members is a hallmark of religious communities. A basic tenet of the Christian faith is found in the book of Matthew, Chapter 7, verse 12: "so in everything, do to others what you would have them do to you" (New International Version). From this verse we learn that caring for others is central to the Christian faith and that Christians are expected to treat those around them as they themselves would want to be treated. Krause et al. (2001) explain that individuals who participate in religious communities provide both secular and uniquely religious forms of support to one another. Previous studies provide examples that secular support shared among those within religious communities include emotional and tangible support (Krause et al., 1998; Taylor & Chatters, 1988 as cited in Krause et al., 2001).

Received, Perceived, and Anticipated Social Support

Although religious teachings encourage followers to provide and care for those around them who are in need, oftentimes, it is difficult for those receiving the

support to accept it. For example, they may feel embarrassed to be in need of support and, therefore, be reluctant to accept the support provided by others (Krause, 2006). However, as Krause further explains, the religious teachings that encourage followers to care for one another may promote a healthy interpersonal environment, thus making it easier for church members to reach out and offer support to other members facing the stressors of life.

In their cross-sectional analysis of the data set used for the current study, Krause et al. (2001) found that when individuals received spiritual support from their fellow church members, they were more likely to utilize positive religious coping methods when facing life stressors. Cohen and Pressman (2004) point out that findings from previous research (Wethington & Kessler, 1986) on stress-buffering demonstrate that the “perceived availability” of support seems to be more beneficial than the actual receipt of social support (Berkman et al., 2000). Perceived support has been shown to be a major component of the stress-buffering effects of social support (Cohen, 2004). For example, when individuals perceive that one or more members of his or her social network will provide the necessary emotional, instrumental, appraisal, and / or informational support, should it be needed, they are less likely to suffer from depression and depressive symptoms than individuals who do not perceive the availability of social support when needed (Berkman et al., 2000). One aim of the current study is to examine whether received, anticipated, and provided social support predict longitudinal psychological well-being and determine whether

they moderate the relationship between clergy job stress and long-term psychological well-being.

Stress-Buffering Effects of Social Support

In 1976, the stress-buffering hypothesis was introduced by physician and epidemiologist John Cassel (1976) and psychiatrist, Sidney Cobb (1976). Cassel and Cobb both made the case that individuals who are socially connected are protected from the negative effects of stressful events (Cohen & Pressman, 2004). Cohen and Wills (1985) further explain that the term “buffering” means that social support “buffers” or reduces the possibly harmful effects of stressors in one’s life. A significant body of research demonstrates the ability of social support to buffer the negative psychological effects that life stressors (for a review, see Cohen & Wills, 1985) and illnesses such as coronary heart disease (Hughes et al., 2004) can have on an individual. Early researchers examining the stress-buffering effects of social support conceptualized social support in two distinct ways: first, as perceived availability of social support and second, as the actual receipt of social support (Wethington & Kessler, 1986). When an individual is in need of support and has to ask for the support, rather than those in their social network simply providing the needed support without being asked, there seem to be issues with regards to relationship maintenance and quality (Cohen & Pressman, 2004). Thus, knowing that others will be there when needed, without being asked, is crucial to an individual’s perception that their social support system will be available in their time of need.

From Lazarus' (1966) transactional model of stress and coping, we know that when an individual experiences a stressor they appraise the stressor as either a challenge or a threat. Individuals with adequate social support may not appraise the stressor as a threat because they feel that their social support resources will help them to effectively cope with the stressor (Thoits, 1986; Cohen & Pressman, 2004). Likewise, if an individual is facing a stressor they perceive as threatening, their perception of available social support can influence their response to the stressor. Specifically, the individual's social support network can provide emotional, informational, and / or tangible support to the individual, thereby acting as a buffer against the potentially harmful effects of the stressor (Cohen & Pressman, 2004).

Given the extensive amount of research examining the stress-buffering effects of secular-based social support, it is surprising that the research on the stress-buffering effects of church-based social support is so limited (Krause, 2006). An exception is a study by Ellison, Boardman, Williams, and Jackson (2001) that found only limited evidence of stress-buffering effects of church-based social support on psychological well-being and distress. More recently, Krause (2006) found that church-based social support appears to buffer the effects of financial strain on self-rated health; however, secular-based social support did not have the same buffering effect.

The Current Study and Hypotheses

In summary, this study examines the unique and interactive effects of job stress (overtaxed, organizational, management), religious coping (positive and negative), and social support (received, provided, anticipated) on the subsequent psychological well-being and distress of Presbyterian clergy approximately 34 months later. Based on the transactional model of stress and coping (Lazarus, 1966) and the stress-buffering hypothesis (Cohen & Wills, 1985), we hypothesized that 1) the unique effects of job stress, religious coping, and social support would predict the subsequent psychological well-being and distress of Presbyterian clergy approximately 34 months later, after controlling for baseline levels of psychological well-being and distress and individual demographics, and 2) that religious coping and social support would buffer (moderate) the negative effects of job stress on clergy psychological well-being and distress 34 months later.

Chapter Three: Methods

Procedure

The data for this study come from the Presbyterian Church (U.S.A.) Panel Study. Beginning in 1973, and every three years thereafter, the panel study draws a new, national sample of three different groups within the Presbyterian Church (U.S.A.). Each sample is then re-surveyed quarterly for three years before the next sample is drawn. The sample utilized for the current analyses was surveyed quarterly for the years 1997-1999. Three groups comprise the panel study: rank-and-file members, elders, and clergy (also referred to as Ministers of the Word and Sacrament). Clergy can be categorized as either pastors who are currently serving a congregation or specialized clergy. The specialized clergy category encompasses all those ordained ministers of the Word and Sacrament who are serving in a setting other than a congregation, including work-settings that are not church-related. Given that the current study focuses specifically on the job-related stressors of clergy who are currently serving a congregation, data from rank-and-file members, elders, and specialized clergy were excluded from the analyses presented below.

In November 1996, an initial mailing was sent to invite the randomly sampled individuals to participate in the three-year panel study for 1997-1999. Seventy-seven percent of the randomly selected clergy responded to this initial mailing (Research Services, Presbyterian Church (U.S.A.), 1997). The randomly sampled individuals

who agreed to participate in the panel study were mailed a different survey quarterly (February, May, August, and November) for the years 1997-1999.

The initial survey for this panel study, "*Spirituality and Health*", was mailed in February 1997. The "*Spirituality and Health*" survey was designed specifically to measure the subjective perceptions of spirituality and health among the sample population. The response rate for clergy was 76% ($N = 1,420$; 981 clergy serving congregations, 439 specialized clergy) (Research Services Presbyterian Church (U.S.A.), 1997). The data collected from these clergy in 1997 are Wave 1 data for the present study.

The respondents to the 1997 "*Spirituality and Health*" survey were re-surveyed in November 1999. The November 1999 "*Interpersonal Violence*" survey was designed specifically to measure the topic of interpersonal violence. The response rate for clergy was 65% ($N = 1,016$; 676 clergy serving congregations, 340 specialized clergy) (Research Services, Presbyterian Church (U.S.A.), 2000). The data collected from the clergy "*Interpersonal Violence*" surveys in 1999 were used as the Wave 2 data for the present study.

Sample

The sample for the present study consisted of 521 clergy with complete data at Wave 1 and Wave 2. 36.6% of the clergy participating in Wave 1 of the panel study met the inclusion criteria for the current study. The participants were predominantly

male (82.7%) and Caucasian (97.3%). The mean age (in years) of the study sample of clergy at Wave 1 was 48.53 ($SD = 9.1$). Wave 2 data were collected 34 months later.

Clergy currently serving a congregation were excluded from the present study based on the following criteria: did not respond to 10 or more of the 19 job stress items asked at Wave 1 ($n = 71$); did not respond to 6 or more of the 8 psychological outcome items at Time 1 ($n = 13$); did not respond to 7 or more of the 9 religious coping items ($n = 9$); did not answer all 6 social support items ($n = 25$); did not answer 6 or more of the 8 psychological outcome items at Time 2 ($n = 403$).

Attrition analyses were conducted to determine whether the clergy who did not respond at Wave 2 ($n = 351$) were significantly different from the clergy who participated at Wave 1 and Wave 2 ($n = 521$). A series of independent-samples t-tests were conducted to compare these two groups on the Wave 1 scores for psychological outcome, job stress, religious coping, and social support. The independent-samples t-tests indicated that clergy not responding at Wave 2 reported more Wave 1 psychological distress ($m = 9.29$, $sd = 3.18$) than clergy responding at Wave 1 and Wave 2 [$m = 8.87$, $sd = 2.91$; $t(870) = -2.02$, $p = .04$] and higher levels of positive religious coping ($m = 15.21$, $sd = 3.31$) than clergy responding at Wave 1 and Wave 2 [$m = 14.65$, $sd = 3.37$; $t(870) = -2.42$, $p = .02$]. Independent-samples t-tests indicated no significant differences between clergy not responding at Wave 2 and clergy who responded at both Wave 1 and Wave 2 for any of the other study variables. Thus, clergy in the current study tended to report lower levels of psychological distress and

less utilization of positive religious coping to deal with stressors than their peers but were no different from them on the other study measures.

Measures

Job stress of clergy. Job stress of clergy currently serving a congregation was measured at Wave 1 with 19 items developed by a group of five social scientists hired as consultants on the design of the "*Spirituality and Health*" survey. Items assessed the levels of stress experienced with various aspects of the clergy occupation. Using the stem, 'to what extent, if any, is the following a source of stress in your work?' sample items included ('not enough time for myself', 'an unsupportive congregation', 'having to make decisions'). Responses for these items were originally scored on a 4-point scale from 1 ('great extent') to 4 ('none'). For the present study, items were reverse scored and summed so that higher scores reflect more job stress. Responses for the general job stress item 'in general, how often are you bothered by stress in your job situation?' were scored from 1 ('never') to 5 ('almost every day').

Results from a factor analysis conducted for this study revealed that the items loaded on three factors (see Appendix for factor analysis items and results). The three factors are overtaxation 'not enough time for myself'; organizational stress 'an unsupportive congregation'; and management stress 'having to make decisions'. Each subscale had good internal consistency reliability (Cronbach's alpha): overtaxation = .85 ($n = 6$ items), organizational stress = .76 ($n = 8$ items), and management stress = .69 ($n = 2$ items).

Religious coping. The Wave 1 items measuring the specific types of religious coping strategies utilized by clergy to cope with their job stressors come from the religious coping scale (RCOPE) developed by Pargament et al. (2000). The nine items utilized from the RCOPE are shown in Table 1. Prior to answering the coping items, respondents were asked to 'please think about the most recent major problem or challenge you have faced.' Respondents were then asked to identify how often, on a scale of 1 ('not at all') to 4 ('a great deal'), they used the religious coping responses listed. Five items measured positive coping (e.g. 'I worked together with God as partners to get through this problem') and four items measured negative coping (e.g. 'I expressed anger at God for letting this problem happen'). The internal consistency reliabilities (Cronbach's alpha) were .80 and .38 for the positive and negative religious coping subscales, respectively.

Congregational social support measures. Three different types of congregational social support were measured at Wave 1: received, anticipated, and provided. Each subscale was composed of items created by a group of experts gathered together by the National Institute on Aging and the Fetzer Institute in order to focus on specific issues in the measurement of religion (Fetzer Institute / National Institute on Aging Working Group, 1999).

Table 1

RCOPE Subscales and Items Used in Current Study

Subscale	Item
Spiritual Connection:	Thought about how my life is part of a larger spiritual force
Collaborative Religious Coping:	Worked together with God as partners
Seeking Spiritual Support:	Looked to God for strength, support, and guidance
Benevolent Religious Reappraisal:	Tried to find a lesson from God in the event
Religious Helping:	Tried to give spiritual strength to others
Punishing God Reappraisal:	Felt that this was God's way of punishing me for my sins / lack of spirituality
Spiritual Discontent:	Wondered whether God had abandoned me
	Expressed anger at God for letting this problem happen
Self-Directing Religious Coping:	Tried to make sense of the situation and decide what to do without relying on God

Two items assessed social support that respondents *received* from fellow congregation members ('how often have people in your congregation made you feel loved and cared for?') and ('how often have people in your congregation listened to you talk about your private problems and concerns?'). For the items assessing *received* social support, responses ranged from 1 ('very often') to 4 ('never'). For the present study, both received social support items were reverse scored and summed so that higher scores reflect higher levels of received social support. Moderately strong correlations between the two *received* social support items have been reported (.57, $p < .001$) (Krause, Ellison, & Marcum, 2002). In the present study, the correlation between the two received social support items is .47 ($p < .01$).

Two items measured the amount of social support respondents *anticipate* receiving from congregation members when needed in the future ('If you had a problem or were faced with a difficult situation, how much comfort would the people in your congregation be willing to give you?') and ('If you were ill, how much would the people in your congregation be willing to help out?'). For the items assessing *anticipated* social support, responses ranged from 1 ('a great deal') to 4 ('not at all'). For the present study, both anticipated social support items were reverse scored and summed so that higher scores on these items reflect greater levels of anticipated social support in times of need. In the present study, the correlation between the two anticipated social support items is .71 ($p < .01$).

Two items measured social support that respondents *provided* their fellow congregation members ('Thinking back over the past year, how often have you made people in your congregation feel loved and cared for?') and ('Thinking back over the past year, how often have you listened to people in your congregation talk about their private feelings or concerns?'). For the items assessing social support *provided* to others, responses ranged from 1 ('very often') to 4 ('never'). For the present study, both items measuring emotional support provided to others were reverse scored and summed so that higher scores on these items indicate higher levels of emotional support provided to others in the congregation. In the present study, the correlation between the two provided emotional support items is .57 ($p < .01$).

General psychological health. Psychological distress (5 items) and psychological well-being (4 items) were measured at Wave 1 and Wave 2 using 9 items from the Medical Outcomes Study (MOS) 36-Item Short-Form Health Survey (SF-36; Ware & Sherbourne, 1992). The items assessed general psychological health experienced during the past 4 weeks. A 6-point scale ranging from 1 ('all of the time') to 6 ('none of the time') assessed psychological distress (e.g. 'how much of the time during the past 4 weeks have you felt so down in the dumps that nothing could cheer you up?'). Responses for the psychological distress items were re-coded such that a higher score was indicative of greater psychological distress. A 6-point scale ranging from 1 ('none of the time') to 6 ('all of the time') assessed psychological

well-being (e.g. 'how much of the time during the past four weeks have you felt calm and peaceful'). Thus, a higher score is indicative of greater psychological well-being.

In the present study, internal consistency reliability (Cronbach's alpha) was .80 for 5 psychological distress items at Wave 1 and .81 for the 5 items at Wave 2. However, the internal consistency reliability (Cronbach's alpha) was .83 at Wave 1 and .82 at Wave 2 when the item tapping anxiety, 'have you been a nervous person?' was dropped from the psychological distress scale. Therefore, the 'nervous' item was dropped from the analyses.

Psychological well-being items were summed such that higher scores reflect more psychological well-being. In the present study, internal consistency reliabilities (Cronbach's alpha) were .87 ($n = 4$ items) and .86 ($n = 4$) for Wave 1 and Wave 2, respectively.

Covariates. The relationship between job stress, religious coping, social support, and mental health was evaluated after the effects of the following variables were controlled for statistically: age (coded in years), gender (1 = female, 0 = male), marital status (from the Wave 1 survey; 1 = married; 0 = not married), total yearly family income [coded using 14 ordinal categories ranging from 1 ('less than \$10,000') to 14 ('\$150,000 or more')], and psychological health (assessed at Wave 1).

Experimental Design

This study utilized a longitudinal correlational design. The two dependent variables examined were psychological well-being and psychological distress

measured at Wave 2 (34 months following Wave 1). The selected predictor variables (all assessed at Wave 1) include overtaxed, organizational, and management job stress measures, positive and negative religious coping measures, and received, anticipated, and provided social support measures. Age, gender, marital status, total family income (for the year prior to Wave 1), and baseline measures of psychological well-being and psychological distress (measured at Wave 1) were statistically controlled for in this study. The unique contribution of each of the predictor variables to psychological well-being and psychological distress at Wave 2 was tested using hierarchical multiple regression analysis. In addition, the stress-buffering / stress-exacerbating effects of the religious coping and congregational social support variables on the relationship between job stress (Wave 1) and psychological well-being and distress (Wave 2) were tested using two-way interactions with hierarchical multiple regression analysis.

Chapter Four: Results

Correlation Analysis and Descriptive Statistics

Zero-order correlations, means, and standard deviations for all study variables are shown in Table 2. Each of the three job stress subscales and both coping subscales were significantly correlated with Wave 1 and Wave 2 psychological well-being and psychological distress in the expected direction. While provided social support was only significantly correlated with Wave 1 and Wave 2 psychological well-being, received social support and anticipated social support were both significantly correlated with Wave 1 and Wave 2 psychological well-being and Wave 1 and Wave 2 psychological distress. Moreover, the cross-temporal stability of the psychological outcomes across the 34-month period of time was relatively high. The correlation between psychological well-being at Wave 1 and psychological well-being at Wave 2 was .55 ($r = .55, p < .001$), and the relationship between psychological distress at Wave 1 and psychological distress at Wave 2 as .51 ($r = .51, p < .001$).

Preliminary Analyses

Prior to testing the study hypotheses, preliminary analyses and the Cook's d statistic were conducted to determine if any of the predictor variables were influential outliers. Cook's d values for the regression models ranged from .00 to .09; therefore, none of the predictor variables were influential outliers. In addition, analyses assessing whether multicollinearity among the predictor variables were also conducted. Specifically, the Variance Inflation Factor (VIF) values for each predictor variable were assessed and found to be within an acceptable range (1.02 to 1.14).

Table 2

Intercorrelations and Descriptive Statistics among All Study Items

Item	1	2	3	4	5	6	7	8
1. Age in years	---							
2. Gender (0 = male / 1 = female)	-.14**	---						
3. Currently married (0 = no / 1 = yes)	.11*	-.31***	---					
4. Total family income in dollars	.16***	-.07	.29***	---				
5. Wave 1 psychological well-being	.21***	-.10*	.09*	.09*	---			
6. Wave 1 psychological distress	-.23***	.12**	-.07	-.08	-.68***	---		
7. Wave 2 psychological well-being	.16***	-.05	.07	.14**	.55***	-.39***	---	
8. Wave 2 psychological distress	-.22***	.07	-.03	-.03	-.45***	.51***	-.64***	---
9. Overtaxed job stress	-.14**	.05	.06	.12**	-.19***	.30***	-.15***	.27***
10. Organizational job stress	-.10*	.02	-.01	-.09*	-.26***	.29***	-.24***	.23***
11. Management job stress	-.07	-.00	.02	-.01	-.13**	.16***	-.14***	.17***
12. Received social support	.13**	-.04	.07	.12**	.23***	-.15***	.21***	-.18***
13. Provided social support	.02	.14**	.04	-.01	.10*	.01	.09*	-.01
14. Anticipated social support	.10*	-.09*	.06	.12**	.28***	-.27***	.19***	-.22***
15. Positive religious coping	.04	.07	.03	-.03	.27***	-.15***	.24***	-.10*
16. Negative religious coping	-.18***	.02	-.02	.04	-.21***	.28***	-.10*	.19***
<i>n</i>	514	521	521	519	521	521	521	521
<i>M</i>	48.16	.17	.89	7.26	16.69	8.87	16.46	9.19
<i>SD</i>	9.09	.38	.31	2.44	3.42	2.91	3.33	2.79

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 2 (continued).

Intercorrelations and Descriptive Statistics among All Study Items

Item	9	10	11	12	13	14	15	16
9. Overtaxed job stress	---							
10. Organizational job stress	.34***	---						
11. Management job stress	.41***	.16***	---					
12. Received social support	.03	-.31***	.04	---				
13. Provided social support	.12**	-.07	-.04	.26***	---			
14. Anticipated social support	.02	-.36***	.11*	.52***	.16***	---		
15. Positive religious coping	.05	-.06	-.05	.22***	.18***	.08	---	
16. Negative religious coping	.10*	.18***	.13**	-.11*	-.08*	-.14***	-.08	---
<i>n</i>	521	521	517	521	521	521	521	521
<i>M</i>	15.00	13.68	3.98	5.83	7.34	7.34	14.65	4.98
<i>SD</i>	4.37	3.97	1.46	1.33	.90	1.08	3.37	1.23

* $p < .05$. ** $p < .01$. *** $p < .001$

Testing Hypotheses

The hypotheses were tested with a 3-step model. Hypothesis 1 for main effects was tested using a series of 2-step hierarchical multiple regression analyses. Separate analyses were conducted for Wave 2 psychological well-being and Wave 2 psychological distress outcomes (see Table 3). Using a separate model for each predictor variable, we evaluated the unique contribution of each job stress subscale, social support subscale, and religious coping subscale assessed at Wave 1 to the psychological well-being and psychological distress outcomes assessed at Wave 2. These effects were evaluated after the effects of age, gender, marital status, total family income for the year prior to Wave 1, and the baseline psychological outcome measure corresponding to the outcome were controlled for statistically.

Table 3 contains the results from the hierarchical multiple regression analyses conducted to examine all hypotheses of the current study. As shown, Step 1 contains each of the covariates and Step 2 consists of each of the main effect predictor variables entered singly. The results from Step 2 of the main effects model provide the unique contribution of each main effect predictor variable to the Wave 2 psychological outcome even after the variance of Wave 1 demographics and baseline psychological outcome were taken into account.

Hypothesis 2 examined the moderating role of religious coping and social support. We tested Hypothesis 2 using two-way interactions between each job stress subscale and each of the social support subscales and religious coping subscales (see Step 3).

Table 3

Summary of Hierarchical Regression Analysis for Wave 1 Variables Predicting Wave 2 Psychological Well-being and Wave 2 Psychological Distress

Variable	Wave 2 Psychological Well-being				Wave 2 Psychological Distress			
	<i>B</i>	<i>SE B</i>	β	R ² change	<i>B</i>	<i>SE B</i>	β	R ² change
Step 1								
Age in years	.01	.01	.04	---	-.03	.01	-.11**	---
Gender (0 = male / 1 = female)	.12	.34	.01	---	.07	.30	.01	---
Currently married (0 = no / 1 = yes)	-.04	.43	-.01	---	.09	.37	.01	---
Total family income in dollars	.13	.05	.10*	---	.02	.05	.02	---
Wave 1 psychological well-being	.52	.04	.54***	---	---	---	---	---
Wave 1 psychological distress	---	---	---	---	.45	.04	.48***	---
Step 2								
^a Overtaxed job stress	-.04	.03	-.05	.00	.07	.03	.11**	.01**
^a Organizational job stress	-.08	.03	-.10*	.01*	.06	.03	.09*	.01*
^a Management job stress	-.18	.09	-.08*	.01*	.18	.07	.10**	.01**
^a Received social support	.20	.09	.08*	.01*	-.20	.08	-.10**	.01**
^a Provided social support	.13	.14	.03	.00	-.05	.12	-.02	.00
^a Anticipated social support	.09	.12	.03	.00	-.23	.10	-.09*	.01*
^a Positive religious coping	.09	.04	.09*	.01*	-.01	.03	-.01	.00
^a Negative religious coping	.06	.10	.02	.00	.11	.09	.05	.00

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3 (continued).

Summary of Hierarchical Regression Analysis for Wave 1 Variables Predicting Wave 2 Psychological Well-being and Wave 2 Psychological Distress

Variable	Wave 2 Psychological Well-being				Wave 2 Psychological Distress			
	<i>B</i>	<i>SE B</i>	β	R ² change	<i>B</i>	<i>SE B</i>	β	R ² change
Step 3								
^b <i>Overtaxed job stress x</i> received social support	.05	.02	.10**	.01**	-.04	.02	-.09*	.01*
^c <i>Overtaxed job stress x</i> negative religious coping	-.04	.02	-.07+	.00+	—	—	—	—

^a Main effects were tested independently for each predictor variable.

^b Interaction effects were tested independently for each job stress x support and job stress x coping model.

^c The marginally significant two-way interaction is shown but not probed or discussed further.
+ $p = .07$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Five separate moderation models were tested for each of the three job stress subscales: job stress x 3 support variables and job stress x 2 coping variables. For all analyses, demographics and baseline psychological outcome were entered in step 1. A job stress variable and a support variable, or a coping variable, were entered in step 2. The two-way interaction between the job stress variable entered in step 2 and the support or coping variable also entered in step 2 was entered in step 3. For these analyses, the predictor variables were mean-centered in order to prevent problems with multicollinearity.

Examining Main Effects: Hypothesis 1

Even after controlling for demographics and baseline levels of psychological well-being, organizational stress, management stress, received support, and positive religious coping were each significantly associated with Wave 2 psychological well-being. Clergy reporting higher levels of organizational stress and management stress reported lower levels of psychological well-being 34 months later. In addition, clergy reporting higher levels of received social support and more utilization of positive religious coping strategies reported higher levels of psychological well-being 34 months later. Despite a significant zero-order correlation between Wave 1 overtaxed stress and Wave 2 psychological well-being, this job stress subscale did not make a unique contribution to the Wave 2 psychological well-being outcome when the Wave 1 demographic variables and baseline psychological well-being were taken into account. Similarly, although Wave 1 anticipated support, provided support, and negative religious coping each have a significant zero-order correlation with Wave 2

psychological well-being, none made a unique contribution to the Wave 2 psychological well-being outcome when the Wave 1 demographic variables and baseline psychological well-being were taken into account.

Even after controlling for demographics and baseline levels of psychological distress, overtaxed stress, organizational stress, management stress, received support, and anticipated support were each significantly associated with Wave 2 psychological distress. Clergy reporting higher levels of overtaxed job stress, organizational job stress, and management job stress reported higher levels of psychological distress 34 months later. Furthermore, clergy reporting higher levels of both received social support and anticipated social support reported lower levels of psychological distress 34 months later. Even though Wave 1 positive religious coping and Wave 1 negative religious coping each have a significant zero-order correlation with Wave 2 psychological distress, neither variable made a unique contribution to the Wave 2 psychological distress outcome when the Wave 1 demographic variables and baseline levels of psychological distress were taken into account.

Examining Moderation Effects: Hypothesis 2

Although overtaxed job stress was not uniquely associated with Wave 2 psychological well-being among the clergy, there was a significant overtaxed job stress x received social support interaction (see Table 3, Step 3). This interaction accounted for a small (1%) yet significant portion of the variance in the Wave 2 psychological well-being outcome [$F(503) = 6.84, p < .01$]. To further clarify the characteristics of the significant interactions, calculations recommended by Aiken and

West (1991) were performed. Specifically, all significant interactions were probed by examining the relationship between the job stress variable and the outcome variable at 1 *SD* above the mean value and 1 *SD* below the mean value of the support or coping variable involved in the significant interaction. The calculations were made using the following values for the moderating variable (either support or coping): high support (1 *SD* above the mean support value) and low support (1 *SD* below the mean support value). Non-significant interactions were trimmed from the final models.

As illustrated in Figure 2, probing the interaction reveals that the negative effects of overtaxed job stress on psychological well-being are stronger among clergy reporting low levels of received social support (beta = $-.55$) than among their peers reporting high levels of received social support (beta = $-.37$). At high levels of received social support, the effect of overtaxed job stress on clergy psychological well-being 34 months later is negative and significant (beta = $-.37$). The effect of overtaxed job stress on psychological well-being among clergy reporting lower levels of received social support is also negative and significant (beta = $-.55$); however, the effect of overtaxed job stress is stronger at low levels of received social support. Results are consistent with Hypothesis 1 findings, which indicate that received social support is uniquely associated with Wave 2 psychological well-being among the clergy.

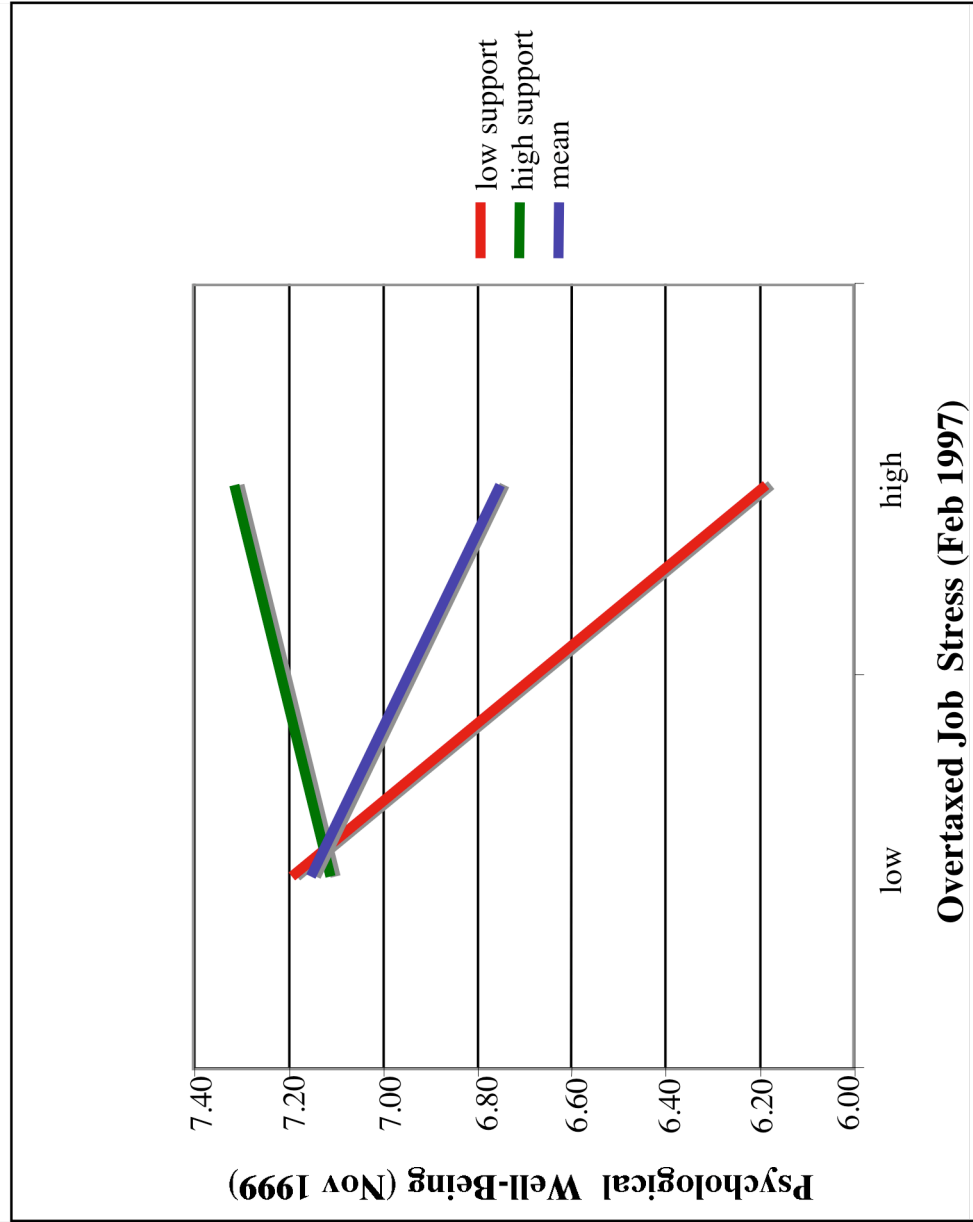


Figure 2. Examining Overtaxed Job Stress, Received Support, and Psychological Well-Being

Similar to the findings for Wave 2 psychological well-being outcome, the overtaxed job stress x received social support interaction was also uniquely associated with Wave 2 psychological distress among clergy (see Table 3, Step 3). This interaction accounted for 1% of the variance in the outcome [$F(503) = 5.24, p < .03$]. As illustrated in Figure 3, probing the interaction reveals that the negative effects of overtaxed job stress on subsequent clergy psychological distress are stronger among clergy reporting low levels of received social support (beta = .57) than among their peers reporting high levels of received social support (beta = .40). Among clergy reporting high levels of received social support, the effect of overtaxed job stress on psychological distress is positive and significant (beta = .40); however, the effect of overtaxed job stress on psychological distress is stronger among clergy reporting low levels of received social support (beta = .57). Thus, when the study sample experience high levels of overtaxed job stress, received social support provides a buffering effect against psychological distress 34 months later.

Overview of Results

In support of Hypothesis 1, four of the eight predictor variables were uniquely associated with the psychological well-being outcome. Likewise, in support of Hypothesis 1, five of the eight predictor variables were uniquely associated with the psychological distress outcome. Of the job stress predictor variables, organizational job stress and management job stress were each uniquely associated with both

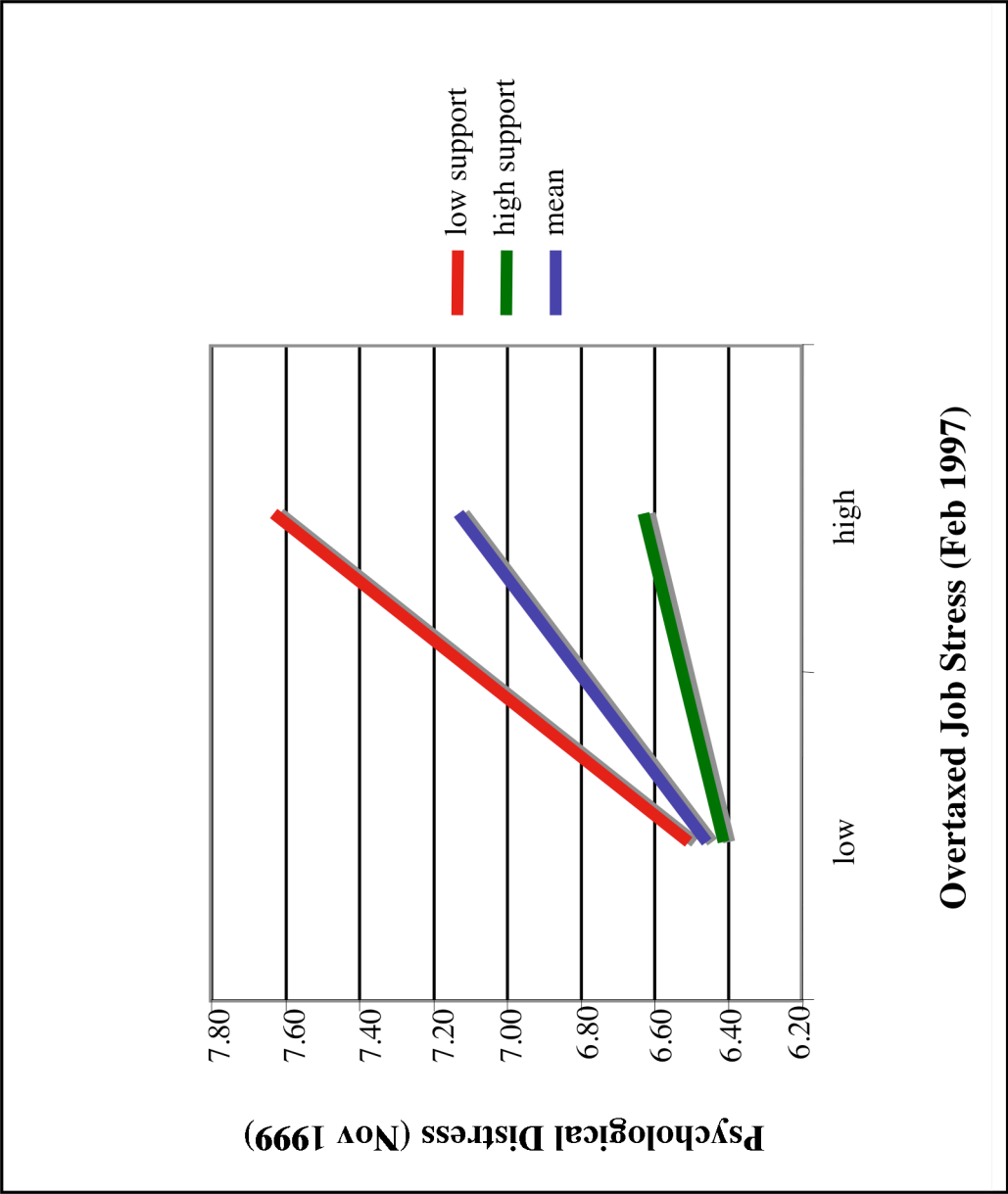


Figure 3. Examining Overtaxed Job Stress, Received Support, and Psychological Distress

psychological well-being and psychological distress outcomes. Although overtaxed job stress was only uniquely associated with the main effects model for psychological distress outcome, this predictor variable was the only job stress predictor variable associated with significant moderation models. Contrary to expectations of Hypothesis 2, both positive and negative religious coping did not significantly moderate the relationship between job stress and Wave 2 psychological outcomes. However, with respect to the moderating role of social support, findings provide partial support for Hypothesis 2. Specifically, results show that received social support moderates the relationship between overtaxed job stress and Wave 2 psychological well-being outcome and overtaxed job stress and Wave 2 psychological distress outcome.

Chapter Five: Discussion

Despite the importance of the clergy position and the job stress associated with it, relatively little research has focused on examining the direct and interactive effects of clergy job stress, religious coping, and social support on their psychological well-being. The current study expands our understanding of these relationships among a nationally representative sample of Presbyterian clergy, by showing that overtaxation, organizational job stress, and management job stress each uniquely predicted psychological well-being and distress 34 months later. Moreover, in partial fulfillment of our hypotheses, findings showed that received social support buffered some of these relationships. These findings are particularly noteworthy given that we controlled for pre-existing levels of psychological well-being, distress, and individual demographics.

In confirmation of our first hypothesis, all three types of job stressors were unique direct predictors of subsequent psychological distress and organizational and management job stressors were unique predictors of subsequent psychological well-being. These findings build upon a study of burnout among Dutch reformed pastors by Evers and Tomic (2003) that asked pastors to indicate the tasks associated with their job that they deem difficult and taxing. Responses revealed that organizational, administrative, and management tasks were considered to be the most difficult and taxing aspects of their position as clergy. These findings are also consistent with research on individuals working in other helping professions, demonstrating the

deleterious long-term effects of job stress on individual psychological outcomes (Tyssen, Vaglum, Gronvold, & Ekeberg, 2000; Lyonette & Yardley, 2006). Findings from previous longitudinal studies explain that job-related stressors can lead to depression, anxiety, and other psychological disorders (Rugulies, Bultmann, Aust, & Burr, 2006; Wang, 2005). Jobs that require individuals to work long hours and keep up a demanding work schedule can lead to fatigue (Bultmann, Kant, Schroer, & Kasl, 2002). Moreover, research has shown that those working in the helping professions are at risk for suffering from compassion fatigue, also known as vicarious traumatization, secondary traumatic stress, and burnout (Roberts et al., 2003). A study of clergy, chaplains, and relief workers who helped individuals cope after the September 11th terrorist attacks found that these workers faced significant risks for compassion fatigue, which may lead to emotional distress (Roberts et al., 2003).

Regardless of exposure to a multitude of job stressors, current findings showed that high levels of received social support buffered the relationships between overtaxed job stress and psychological well-being and distress. These findings are consistent with prior research showing that there are benefits to receiving support (Krause, 2006; Snow, Swan, Raghavan, Connell, & Klein, 2003). As clergy become increasingly overtaxed, those who receive support from others are protected from the deleterious effects of overtaxation. That is, these clergy appear to thrive, reporting lower levels of psychological distress and higher levels of well-being than their counterparts, despite the negative circumstances surrounding their job. From this

study we see that supportive relationships can buffer feelings of burnout and overtaxation among clergy. These relationships can take the form of supportive family members, denominational leaders, local church leaders, church members, and perhaps most important – other clergy who can relate to and share their own experiences working in the profession.

Anticipated support also played an important role in clergy's distress. Clergy who anticipated more support reported lower levels of distress 34 months later. Although anticipating social support in one's time of need did not significantly enhance psychological well-being of the clergy in the current study, findings did indicate a negative and significant relationship between the anticipation of social support and long-term psychological distress. Simply stated, clergy's anticipation that others will be available to offer support in their time of need is beneficial regardless of the level of job stress experienced. It appears that clergy who believe they have others to turn to when they need help or a listening ear have improved, long-term psychological well-being.

Contrary to expectations, findings from the current study indicate that clergy's provision of social support to others did not contribute to subsequent psychological well-being or distress. This is surprising given that clergy must provide support almost daily to congregation members. One explanation for this may be that the provision of support to others is an appealing aspect of the job for those who choose the clergy profession. It is plausible that listening to others' problems and concerns

are part of their occupation and this does not affect their own psychological outcomes. This follows previous findings that have shown that providing social support to others may be more beneficial than receiving social support (Brown et al., 2003; Schwartz, Meisenhelder, Ma, & Reed, 2003).

Results from the current study corroborate findings from a previous cross-sectional study of Presbyterian clergy which found positive religious coping uniquely associated with psychological well-being outcomes, but not uniquely associated with psychological distress outcomes (Pargament et al., 2001). Thus, in both cross-sectional and longitudinal study designs, positive religious coping has been associated with increased levels of psychological well-being among Presbyterian clergy. The salience of religion to clergy's self-identity and social roles may play an important role in the impact that positive religious coping has on the short-term and long-term psychological well-being of this population (2001). Contrary to expectations, and to the zero-order correlation showing a relationship between positive religious coping and psychological distress, positive religious coping did not significantly reduce the psychological distress of the clergy in the current study.

Utilization of negative religious coping methods is contrary to what it means to be a clergy and the teachings and beliefs for which they stand; therefore, it is not surprising that the reported levels of negative religious coping are low. What is surprising, however, is that negative religious coping does not significantly predict long-term psychological distress. Perhaps these findings are an indication that

negative religious coping is a healthy form of coping for clergy that does not have a lingering negative impact on psychological well-being. Further research is needed to clarify this relationship.

In addition to job stress, social support, and positive religious coping, findings from the current study indicate that family income is positively predictive of psychological well-being 34 months later. These findings corroborate the limited existing research that shows clergy well-being is significantly affected by income (Lee & Iverson-Gilbert, 2003). For example, Blanton and Morris' (1999) cross-sectional study found pretax personal income to be a significant predictor of positive affect among the clergy.

Limitations

Findings from the current study improved upon previous research by assessing the effects of job stress, religious coping, and social support on clergy psychological well-being and distress using longitudinal models; however, there are some limitations to consider when interpreting the findings. First, the magnitude of the effects of job stress, religious coping, and social support were small. Perhaps because of the homogeneity of the sample it was difficult to find variance among the predictor variables. Furthermore, since the psychological well-being and psychological distress measures at Wave 1 and Wave 2 were highly intercorrelated, controlling for the effects of Wave 1 psychological well-being and distress in these longitudinal analyses increased the difficulty of discovering significant results. Second, analyses were

limited to Presbyterian (PCUSA) clergy. Clergy from other religious faiths may experience different job stressors and may also utilize different religious coping strategies to cope with their stress.

Implications

It is important that seminaries, denominations, and clergy themselves realize the importance of matching clergy to appropriate congregations. A recent study by Mueller and McDuff (2004) examined the effects of clergy-congregation theological mismatches on clergy job satisfaction. Results from the current study build upon this previous research by showing that increased levels of organizational job stress are likely exacerbated by clergy-congregation mismatches, negatively affecting the psychological well-being of clergy. In addition, clergy who are new to ministry need the support of veteran clergy (Hoge & Wenger, 2005) who can provide information, answer questions, and help navigate the experiences and stressors of working in local church ministry. Further studies are needed to clarify the mechanisms that best prevent and / or alleviate the deleterious effects of job stress on psychological well-being of clergy. The current study points to the importance of social relationships and their beneficial effect on psychological well-being, particularly when clergy are feeling overtaxed. Burnout is a significant problem in the clergy profession and studies are needed to further examine how denominational leaders, local church leaders, church members, family, friends, and clergy themselves can enhance the working environment and provide the resources necessary to reduce burnout in the

clergy profession. Seminaries, denominations, and local churches need to develop programs and networks of social support to ensure that clergy serving in local church ministry will receive the social support they need. Doing so will enhance the psychological well-being of clergy, thus improving their personal capacity to effectively provide support to their church members and others in the community who seek their counsel.

Appendix

Exploratory Factor Analysis of 19 Clergy Job Stress Items

The 19 items measuring clergy job stress were subjected to Maximum Likelihood factor analysis using SPSS. Prior to performing the analysis, the suitability of the data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of several coefficients of .3 or greater. The Kaiser-Meyer-Olkin measure of sampling adequacy was .85, which exceeds the recommended value of .6 (Kaiser, 1970; Kaiser, 1974) and the Bartlett's Test of Sphericity (Bartlett, 1954) was statistically significant ($p. < .001$), supporting the factorability of the correlation matrix.

The initial Maximum Likelihood factor analysis indicated that the item measuring 'experiencing sexual harassment', did not load on any of the factors, thus this item was dropped from the analyses of the current study. In addition, two items measuring 'unrealistic expectations from others', and 'in general, how often are you bothered by stress in your job situation?' as a job stressor cross-loaded on two of the factors; thus, both items were dropped from the analyses of the current study. After dropping the three items mentioned above, a second Maximum Likelihood factor analysis revealed the presence of three factors with eigenvalues greater than 1, explaining 25.92 percent, 12.22 percent, and 5.37 percent of the variance, respectively. The screeplot revealed a clear break after the third factor; therefore, in accordance with Catell's (1966) scree test, the decision was made to retain three

factors for further analysis. To help with the interpretation of the three non-orthogonal factors, Promax rotation was performed. The rotated solution (presented in Table A1) revealed several strong loadings, with all variables loading substantially on a single factor. The results of this factor analysis support utilizing three separate clergy job stress subscales (overtaxed job stress, organizational job stress, and management job stress) in the current study. The internal consistency reliabilities (Cronbach's alpha) of the job stress items used in the current study was .84 ($n = 16$).

Table A1

Promax Rotation of Three-Factor Solution for Clergy Job Stress Items

	Factor 1	Factor 2	Factor 3
Item	Overtaxed Job Stress	Organizational Job Stress	Management Job Stress
Doing too many things	.57		
Feeling burned out	.35		
Need more time for myself	.86		
Not enough time for my family	.81		
Too many meetings	.64		
Working too many hours	.88		
Unsupportive session		.75	
Unsupportive congregation		.78	
Conflict with others		.45	
Feeling work does not count		.46	
Having different views		.56	
Little or no input into decisions		.42	
Not being paid enough		.39	
Unclear or changing expectations		.41	
Having to make decisions			.86
Having to meet deadlines			.60
% of variance explained	25.92%	12.22%	5.37%

Note. Only loadings above .3 are displayed. The item measuring 'experiencing sexual harassment', did not load on any of the factors, thus this item was dropped from the analyses of the current study. In addition, two items measuring 'unrealistic expectations from others', and 'in general, how often are you bothered by stress in

your job situation?' cross-loaded on two of the factors; thus, both items were dropped from the analyses of the current study.

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